

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010461

STATE FILE NUMBER

FILED MAR 24 1959

Registration District No.

280

Primary Registration District No.

Registrar's No.

21

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston <i>Weston</i>		c. CITY OR TOWN Weston <i>67.30</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Bertha Middle Lee Last Fellows		4. DATE OF DEATH Month March Day 14 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1880
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11. BIRTHPLACE (City and state or country) Platte City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James D. Mason		13b. MOTHER'S MAIDEN NAME Jennie B. Flannery	
14. NAME OF HUSBAND OR WIFE B. B. Fellows		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Mildred Spinner Weston, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Gastroenteritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Undetermined 35 years duration DUE TO (c) XXXXXXXXXXXXXXXXXXXX <i>572.3</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza preceded the above terminal stage		INTERVAL BETWEEN ONSET AND DEATH 15 days 35 years	
20a. ACCIDENT SUICIDE HOMICIDE XXXXXXXXXXXXXX		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXXXXXXXXXXXXXXX	
20c. TIME OF INJURY Hour XXXXXX Month XXXXXX Day XXXXXX Year XXXXXX p.m. XXXXXX		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXXXXX	
20e. CITY, TOWN, OR LOCATION WESTON		COUNTY PLATTE STATE MISSOURI	
21. I attended the deceased from 2/27/59 to 3/13/59 and last saw her alive on 3/12/59 Death occurred at 5 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Lewis C. Calvert</i> Lewis C. Calvert M.D.	
22b. ADDRESS Weston Missouri		22c. DATE SIGNED 3/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-16-1959	
23c. NAME OF CEMETERY OR CREMATORY Mt. Bethe. Cemetery		23d. LOCATION (City, town, or county) (State) Weston, Missouri	
24. FUNERAL DIRECTOR Vaughn Funeral Home Weston, Mo.		25. DATE RECD. BY LOCAL REG. Mar 16. 1959	
26. REGISTRAR'S SIGNATURE <i>Uphiea Rollins</i>			

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by , Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed W. R. Vaughn
Licensed Embalmer No. 4023
P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.